EXPRESS MAIL NO. EL253254033US

Attorney Docket ___ACU-127___

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated below.

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first, and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled Lavage Assist Device, the specification of which:

    ___ is attached hereto;

    _X_ was filed on ___September 30, 2003___ as Application Serial No. __10,675,294__ and was amended on_____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information to the Patent and Trademark Office known to me to be material to the patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following as my attorneys or agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Michael A. Hierl	Reg. No. 29,807	Arne M. Olson	Reg. No. 30,203
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Full name of SECOND or joint inventor, if any _____

Citizenship _____ Residence _____

Post Office Address (If different)_____

Inventor's signature: _____ Date: _____

Full name of THIRD or joint inventor, if any _____

Citizenship _____ Residence _____

Post Office Address (If different)_____

Inventor's signature: _____ Date: _____